

Emergency Services Training Course Request

July 1, 2005– June 30, 2006

***NOTE:** All training requests need to have instructor arrangements made and confirmed prior to submitting the course request to EST. If you need assistance in identifying a qualified instructor for the requested course, contact EST for a list of instructors in your geographical area. Approval will depend on the number of courses requested, special need, and budget allocation.

◆ PLEASE PRINT CLEARLY AND COMPLETE ALL REQUESTED INFORMATION ◆

| | | | | |
|--|--|--|--|--------------|
| Circle TYPE of course being requested: | | | FIRE | HAZ MAT |
| Today's Date: | | | | |
| Title of Course: | | | | |
| Do you need books for this course? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | How Many? |
| Host Dept./Org. Name: | | | | |
| Address: | | | City: State, Zip: | |
| Contact Person: | | | | |
| Day Phone: | | Other Phone: | | Cell Phone: |
| E-Mail Address: | | | Fax: | |
| Starting Date: | | Ending Date: | | Total Hours: |
| Confirmed Instructor: | | | | |
| EST subsidized training? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | In-house – no instructor pay? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| HOW MANY people are anticipated to attend this course? | | | Maximum Class Size? | |

✓Note:

–An **Action Plan** is required for extended periods of training (*When and how often will you meet, the number of hours per training session, and if there are multiple instructors, the number of classes and hours they will teach*).

–Minimum class size is ten (10) students unless a smaller class size is approved in advance by EST.

–Use of instructors outside of the local area must be approved in advance by EST.

Send To: Emergency Services Training
Division of Professional-Technical Education
PO Box 83720
Boise, ID 83720-0095

Phone #: (208) 334-3216
Toll Free #: 888-242-0210
Fax #: (208) 334-2365
www.pte.idaho.gov/iest/esthome.htm

Office Use Only (please do not write in this space)

Acknowledged (date): _____

Request #: _____